



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

CY-FAIR CHIROPRACTIC ASSOCIATES

Respondent Name

METROPOLITAN TRANSIT AUTHORITY

MFDR Tracking Number

M4-17-1070-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

December 15, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: The requestor did not include a position summary with the DWC060 request. The division will issue a decision based on the documentation contained in the dispute at the time of the review.

Amount in Dispute: \$1,692.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please note that a large number of the charges listed on the DWC060 have either been paid at fee schedule or paid as billed...DOS 3/30/16 for CPT code 99080-73...The charge was denied with a CARC reduction code of 29...See Attachment 4, the carrier received the CMS1500 on 10/06/16. The 95th day from 3/30/16 was 7/3/16."

Response Submitted by: STARR Comprehensive Solutions, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 30, 2016 through April 6, 2016	99212-25 x 4, 98940 x 4, 98943 x 4, 97140 x 4, 97110 x 4, 97530 x 4, 97112 x 4 and 99080-73	\$1,692.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline for professional medical services.
3. 28 Texas Administrative Code §133.20 sets out medical bill submission procedures for health care providers.
4. 28 Texas Administrative Code §102.4 establishes rules for non-Commission communications.
5. Texas Labor Code §408.027 sets out provisions related to payment of health care providers.
6. Texas Labor Code §408.0272 provides for certain exceptions to untimely submission of a medical claim.
7. The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
 - 29 – The time limit for filing has expired
 - 29 – Per rule 133.20(b) except as provided in Labor Code 408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided

Issues

1. Did the insurance carrier issue payment for CPT Codes 99212-25 x 4, 98940 x 4, 98943 x 4, 97140 x 4, 97110 x 4, 97530 x 4 and 97112 x 4, rendered on March 30, 2016 through April 6, 2016?
2. What is the timely filing deadline applicable to the medical bill for CPT Code 99080-73 rendered on March 30, 2016?
3. Did the requestor forfeit the right to reimbursement for the services in dispute?

Findings

1. Per 28 Texas Administrative Code §134.203 “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”

Per 28 Texas Administrative Code §134.203 “(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of §134.1 of this title.”

The requestor seeks a total reimbursement in the amount of \$1,672.00 for CPT Codes 99212-25 x 4, 98940 x 4, 98943 x 4, 97140 x 4, 97110 x 4, 97530 x 4 and 97112 x 4. Review of the EOBs presented by the insurance carrier and the requestor support that the payments were issued in the amount of \$1,486.96, which resulted in reimbursement in accordance with 28 Texas Administrative Code §134.203(c). As a result, the Division finds that the requestor is not entitled to additional reimbursement for the disputed CPT Codes 99212-25 x 4, 98940 x 4, 98943 x 4, 97140 x 4, 97110 x 4, 97530 x 4 and 97112 x 4 rendered on March 30, 2016 through April 6, 2016.

2. The insurance carrier denied CPT Code 99080-73 rendered on March 30, 2016 with claim adjustment reason codes: “29 – The time limit for filing has expired” and “29 – Per rule 133.20(b) except as provided in Labor Code 408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” 28 Texas Administrative Code §133.20(b) requires that, except as provided in Texas Labor Code §408.0272, “a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.” Texas Labor Code §408.0272(b) provides that:

Notwithstanding Section 408.027, a health care provider who fails to timely submit a claim for payment to the insurance carrier under Section 408.027(a) does not forfeit the provider's right to reimbursement for that claim for payment solely for failure to submit a timely claim if:

- (1) the provider submits proof satisfactory to the commissioner that the provider, within the period prescribed by Section 408.027(a), erroneously filed for reimbursement with:
 - (A) an insurer that issues a policy of group accident and health insurance under which the injured employee is a covered insured;
 - (B) a health maintenance organization that issues an evidence of coverage under which the injured employee is a covered enrollee; or
 - (C) a workers' compensation insurance carrier other than the insurance carrier liable for the payment of benefits under this title; or
- (2) the commissioner determines that the failure resulted from a catastrophic event that substantially interfered with the normal business operations of the provider.

The requestor submitted insufficient documentation to support that any of the exceptions described in Texas Labor Code §408.0272 apply to the disputed service, 99080-73 rendered on March 30, 2016. For that reason, the health care provider was required to submit the medical bill not later than 95 days after the date the disputed service was provided.

3. Texas Labor Code §408.027(a) states that "Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment." 28 Texas Administrative Code §102.4(h) states that:

Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on:

- (1) the date received, if sent by fax, personal delivery or electronic transmission or,
- (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday.

Review of the submitted information finds insufficient documentation to support that a medical bill was submitted within 95 days from the date the services were provided. Consequently, the requestor has forfeited the right to reimbursement for CPT Code 99080-73 rendered on March 30, 2016 due to untimely submission of the medical bill, pursuant to Texas Labor Code §408.027(a).

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

January 27, 2017
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.